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PTO/SB/21 (08-00)
Approved for use through 10/31/2002, OMB 0851-0031

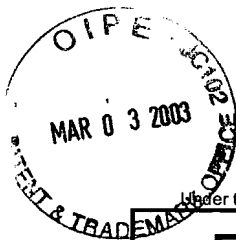
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/075,335	
	Filing Date	February 14, 2002	
	First Named Inventor	Stephen D. Ginsberg	
	Group Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	9	Attorney Docket Number	HO-P02202US2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Second Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Check in the amount of \$411.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk
	1301 McKinney, Suite 5100 Houston, Texas 77010
Signature	<i>Melissa Sistrunk</i>
Date	March 3, 2003

Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU110401111US, in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, Washington, DC 20231, on the date shown below.	
Dated:	Signature: <i>Monica Thomas</i> (Monica Thomas)
3-3-03	



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PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 411.00

Complete if Known

Application Number 10/075,335
Filing Date February 14, 2002
First Named Inventor Stephen D. Ginsberg
Examiner Name Not Yet Assigned
Group Art Unit N/A
Attorney Docket No. HO-P02202US2

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Deposit Account Number

06-2375

Deposit Account Name

Fulbright & Jaworski L.L.P.

The Commissioner is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) necessary in this filing

☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001 375 Utility filing fee	
		1002	330	2002 165 Design filing fee	
		1003	520	2003 260 Plant filing fee	
		1004	750	2004 375 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	41	9	369.00
Independent Claims	1	42	42.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	2202 9 Claims in excess of 20
		1201	84	2201 42 Independent claims in excess of 3
		1203	280	2203 140 Multiple dependent claim, if not paid
		1204	84	2204 42 ** Reissue independent claims over original patent
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 411.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051 65 Surcharge - late filing fee or oath	
		1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053 130 Non-English specification	
		1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
		1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
		1251	110	2251 55 Extension for reply within first month	
		1252	410	2252 205 Extension for reply within second month	
		1253	930	2253 465 Extension for reply within third month	
		1254	1,450	2254 725 Extension for reply within fourth month	
		1255	1,970	2255 985 Extension for reply within fifth month	
		1401	320	2401 160 Notice of Appeal	
		1402	320	2402 160 Filing a brief in support of an appeal	
		1403	280	2403 140 Request for oral hearing	
		1451	1,510	1451 1,510 Petition to institute a public use proceeding	
		1452	110	2452 55 Petition to revive - unavoidable	
		1453	1,300	2453 650 Petition to revive - unintentional	
		1501	1,300	2501 650 Utility issue fee (or reissue)	
		1502	470	2502 235 Design issue fee	
		1503	630	2503 315 Plant issue fee	
		1460	130	1460 130 Petitions to the Commissioner	
		1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
		1806	180	1806 180 Submission of Information Disclosure Stmt	
		8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
		1809	750	2809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810	750	2810 375 For each additional invention to be examined (37CFR 1.129(b))	
		1801	750	2801 375 Request for Continued Examination (RCE)	
		1802	900	1802 900 Request for expedited examination of a design application	
		2614;		2614; Claims - extra independent (over three);	411.00
		2615		2615 Claims - extra total (over 20)	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$) 411.00					

SUBMITTED BY

Name (Print/Type) Melissa L. Sistrunk

Registration No. (Attorney/Agent) 45,579

Complete (if applicable)

Telephone (713) 651-3735

Signature

Melissa Sistrunk

Date

March 3, 2003

Fee Transmittal

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